

CAP PILOT APPLICATION

LAST NAME - FIRST NAME - MIDDLE INITIAL DATE OF BIRTH CAP ID NUMBER

DATE LEVEL ONE COMPLETED

TOTAL TIME PRIVATE PILOT COMMERCIAL PILOT INSTRUMENT ATP

MEDICAL - CLASS 1 CLASS 2 CLASS 3

FLIGHT REVIEW DATE

WITHIN THE LAST FIVE YEARS, HAVE YOU:

HAD AN FAA OR CAP REPORTABLE AIRCRAFT INCIDENT? YES NO

HAD AN FAA OR CAP REPORTABLE AIRCRAFT ACCIDENT? YES NO

BEEN SUBJECT TO AN FAA SUSPENSION OR REVOCATION? YES NO

BEEN SUBJECT TO ANY FAA ENFORCEMENT ACTION? YES NO

BEEN PROSECUTED FOR A DUI/DWI OR ALCOHOL RELATED MOVING VIOLATION? YES NO

If you answer yes to any of the please explain on the back of this sheet the details, circumstances, and disposition of each issue and forward through channels to your wing commander for review. Provide copies of all relevant documentation of each issue.

Failure to answer these questions will result in denial of CAP flying privileges. Providing incomplete information or misrepresenting this information may result in revocation of CAP flying privileges and CAP membership termination.

Signature

Printed Name

Unit Commander Approved Disapproved

Signature

Printed Name

Group Commander Approved Disapproved

Signature

Printed Name

Wing Commander Approved Disapproved.